

these two cases seems a mystery. *Syphilis*, with severe headache and implication of the cranial nerves, especially if there be syphilitic meningitis, local convulsions and optic neuritis. *Meningitis*, *abscess*, and *polioencephalitis* may simulate tumor.

B. SYMPTOMS DUE TO BRAIN TUMOR MISTAKEN FOR OTHER DISEASES.

*Hysteria*, when the tumor occurs in young girls, and there is no optic neuritis and no paralysis of the cranial nerves. *Reflex epilepsy*, if there has been an injury or tumor of a nerve. *Hydrophobia*, if there has been a comparatively recent dog bite. *Senile dementia* may be simulated by tumor in old people. When symptoms of tumor come on suddenly, they may be assigned to *circulatory changes*. If *ear disease* be present, or has existed, the symptoms may be ascribed to abscess or meningitis.

C. UNCERTAINTY IN THE DIAGNOSIS OF THE POSITION IN CEREBRAL TUMOR.

The uncertainties enumerated are too familiar to all neurologists to require repetition.

D. UNCERTAINTY IN THE NATURE OF THE TUMOR.

This is so notorious as scarcely to need mention. PATRICK.

188. UEBER MAGEN-, DARM- UND HARNBLASENCONTRACTIONEN WAHREND DES EPILEPTISCHEN ANFALLS (Concerning Contractions of the Stomach, Intestines and Bladder During the Epileptic Attack). W. Ossipow (Deutsche Zeitschrift für Nervenheilkunde, Vol. 15, Nos. 1 and 2, p. 94).

Ossipow performed a number of experiments on dogs to determine the action of the abdominal viscera during the epileptic attack. The convulsions were produced by faradic irritation of the motor area of the brain, or by the intravenous injection of the essence of ab-sinthium. The abdomen was opened and the contractions of the viscera observed. His conclusions are:

1. Contractions of the stomach, intestines and bladder occur in the epileptic attack, and usually persist after the attack is over.

2. Contractions of the stomach occur in about 50 per cent. of the attacks, and are observed chiefly in the cardia and pylorus.

3. Contractions of the small and large intestines and of the bladder are constant phenomena during the epileptic attack.

(a) Duodenal contractions begin in the clonic period of the attack, or shortly after the cessation of the spasms of the striated muscles.

(b) Contractions of the small intestine begin in about the middle of the clonic period of the epileptic attack.

(c) Contractions of the large intestine begin either in the tonic or the clonic period, more commonly at the commencement of the clonic period.

(d) Contractions of the bladder occur usually at the commencement of the tonic period.

4. The contractions of the intestines and bladder are very vigorous, and appear as long-continued spasms. This is especially true of the contractions of the large intestine and bladder.

5. Relaxation of the intestines and bladder, of longer or shorter duration, usually occurs between two vigorous contractions, and after the cessation of all epileptic contractions.

6. The phenomena relating to the stomach, intestines and bladder, observed in the epileptic attacks produced by faradic irritation, are not the result of the local irritation of the cortical centers of the stom-

ach, intestines and bladder; but are the result of the epileptic attack that develops from the irritation of the motor area of the cortex and the centers contained within it.

7. The asphyxia occurring during the epileptic attack favors the contractions of the stomach, intestines and bladder.

8. The great pressure of the diaphragm and of the abdominal wall on the stomach, intestines and bladder and their contents, during the convulsions, appears also to stand in causal relation to the contractions of the organs in question.

9. The discharge of urine and feces, occurring so often during the epileptic attack, are the result of the contractions of the intestines and bladder and of the pressure exerted by the abdominal wall.

10. The epileptic contractions of the striated muscles and the contractions of the stomach, intestines and bladder during the epileptic attack, originate in the motor area of the cortex. SPILLER.

189. SULL'ACROPARESTESIA (ACROPARESTESIA E ACRODINIA). (Concerning Acroparesthesia.) Luigo Ferris. (Il Morgagni. 4, 1899, p. 201.)

After reviewing the literature on this subject the author attempts a classification of the morbid condition under three principal forms: (a) acroparesthesia in which a disturbance of the sensibility is the only existent phenomenon (cases of Bernhardt, Laquer, certain cases of Schultze); (b) acroparesthesia with vasomotor phenomena which may be in the nature of a vaso-constriction with paroxysmal pallor of the skin (Nothnagel), or of a vaso-dilatation with reddening, heat and excessive sweating (Strümpell), or with a form of acrocyanosis, as in certain cases of Schultze and in the cases of Rosenbach after several relapses; (c) acroparesthesia with phenomena of disturbed nutrition (Rosenbach's form, certain cases of Schultze).

Ferrio then reports a personal case embodying an unusual form. It was that of a previously vigorous bricklayer, 24 years of age and married. The family and previous history were unimportant. The patient was a wine-drinker, but did not use tobacco. The present illness was of a month's duration and came on while the patient was in full health. The first intimation was an intense and tormenting pruritus in the palms of the hands and in the soles of the feet without any eruption or skin alteration in those regions, but after ten days both hands and feet began to swell, especially in those parts which were the primary seat of the pruritus. The swollen areas were cold, livid and constantly bathed in perspiration; movements of the extremities were inhibited and the patient was incapacitated for all work. The pruritus and formication persisted and an eruption of small reddish macules appeared on the palms of the hands. Coincident with these first sensory disturbances on the extremities there was noted on the radial side of the carpus, in the axillary region and on the flanks a bullous eruption with clear contents, which broke down, leaving discolorations. All these phenomena disappeared after a fortnight. A few days later, however, the entire face, even to the hairy margin of the scalp, became blue and swollen, and was the seat of a pruritus, though not so intense as that in the hands and feet. The pharynx and larynx were not involved. There was a slight evening rise of temperature. At the end of a second fortnight the swelling of the face had considerably diminished, but the patient continued to suffer from a persistent feeling of formication in the hands, which were constantly cold. Examination at this time revealed a diffuse swelling of the face, most marked in the lips, in the alae nasi, in the intersuerciliary region and in the pinna of the ear. The skin over the swollen